

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 6063
Registrar's No. 1549

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| BIRTH NO. | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | |
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) <u>0</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Valley Park</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u> | | | d. STREET ADDRESS (If rural, give location) <u>Vance Road</u> | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Sister Mary Consolata</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17, 1949</u> | |
| 5. SEX <u>F.</u> | | 6. COLOR OR RACE <u>W.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | |
| 8. DATE OF BIRTH <u>abt 1900</u> | | 9. AGE (In years last birthday) <u>50</u> | | 10. AGE (In years last birthday) <u>50</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Religious</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Unknown</u> | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME <u>unk.</u> | | 13b. MOTHER'S MAIDEN NAME <u>unk.</u> | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Sister Mary Helen Valley Park, Mo.</u> | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Status Asthmaticus</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asthma, bronchial, intense</u> DUE TO (c) <u>11/2</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>241A</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Louis</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>Aug 22</u> , 19 <u>49</u> , to <u>Feb 17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 17</u> , 19 <u>49</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>A. Mc Mahon M.D.</u> | | (Degree or title) <u>0</u> | | 23b. ADDRESS <u>634 W Grand</u> | |
| 23c. DATE SIGNED <u>2/17/49</u> | | 24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>2-18-49</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) <u>Harmon, New York</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u> | |
| DATE REC'D BY LOCAL REG. <u>FEB 17 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Lassater</u> | | ADDRESS <u>3840 Lindell Blvd</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. _____ Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Thomas R. Jewrick

Licensed Embalmer No. 3793

P. O. Address 3840 Linde

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.